## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| maintenance fee notifica   | ed below or directed off  | nerwise in Block I, by (  | a) specifying a new corres  | spondence address;   | and/or   | r (b) indicating a sepa  | correspondence address as<br>arate "FEE ADDRESS" for   |
|--|---|---|---|--|--|--|--|
| CURRENT CORRESPOND 20995   | Feet  | (s) Fransmittal, Thi  | s certif  | icate cannot be used f   | or domestic mailings of the<br>for any other accompanying<br>ant or formal drawing, must |  |  |
| KNOBBE MA<br>2040 MAIN STI<br>FOURTEENTH<br>IRVINE, CA 92  | I he<br>Stat<br>addı<br>tran  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |  |  |  |  |
| 110, 11, 12, 0, 1, 2   |   |   |   |  |  | •  | (Depositor's name)   |
|  |   |   |   |  |  |  | (Signature)  |
|  |   |   | <u> </u>  |  |  |  | (Date)   |
| APPLICATION NO.  | FILING DATE   |   | FIRST NAMED INVENTOR  |  | ATTORNEY DOCKET NO.  |  | CONFIRMATION NO.   |
| 10/506,397   | 10/506,397 05/19/2005<br>E OF INVENTION: CONNECTIVE COUPLING A DATA INTE  |   | Erwin Weh   | JFD  |  | FIE5.001APC  | 1426   |
| TITLE OF INVENTION   | : CONNECTIVE COUP   | LING A DATA INTERF  | ACE   |  |  |  |  |
|  |   |   |   |  |  |  |  |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE   | FEE  | TOTAL FEE(S) DUE   | DATE DUE   |
| nonprovisional   | <del>NO</del> Yes   | \$1440 755  | \$300   | \$0 \$ <del>1740</del>   |  | \$ <del>1740</del> 1055  | 10/31/2008   |
| EXAM   | EXAMINER  |   | CLASS-SUBCLASS  |  |  |  |  |
| MAUST, TIMOTHY LEWIS   |   | 3751  | 141-384000  | 1  |  |  |  |
|  | ence address or indication  | of "Fee Address" (37  | 2. For printing on the pa   | atent front page, list   |  | · · · · · · · · · · · · · · · · · · ·  |  |
| CFR 1.363).  Change of correspondence of corresp | ondence address (or Cha   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,   |   |  |  |  |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form   |   |   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to                                      |  |  |  |  |
| PTO/SB/47; Rev 03-0<br>Number is required.   | 2 or more recent) attach  | ed. Use of a Customer   | 2 registered attorney or a<br>2 registered patent attorney<br>listed, no name will be   | neys or agents. If n   | s of up<br>o nam   | e is 3   |  |
|  |   |   | THE PATENT (print or typ  |  |  |  |  |
| PLEASE NOTE: Unle recordation as set forth   | ess an assignee is identi<br>1 in 37 CFR 3.11. Comp   | fied below, no assignee letion of this form is NO   | data will appear on the pa<br>T a substitute for filing an a  | ntent. If an assigne<br>Assignment.  | e is id  | entified below, the do   | ocument has been filed for   |
| (A) NAME OF ASSIC  |   |   | (B) RESIDENCE: (CITY  |  |  |  |  |
|  |   |   |   |  |  |  |  |
| Please check the appropri  | ate assignee category or  | categories (will not be pr  | inted on the patent):   | Individual 🖵 Cor   | poratio  | on or other private gro  | up entity Government   |
| 4a. The following fee(s) a   | re submitted:   | 46  | o. Payment of Fee(s): (Pleas  | se first reapply any   | previ  | iously paid issue fee s  | shown above)   |
| Issue Fee A check  |   |   |   |  |  |  |  |
| Advance Order - #  | of Copies 2   | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any  |   |  |  |  |  |
|  |   |   | overpayment, to Depos   | sit Account Number   | 11-  | 1410 (enclose ar   | n extra copy of this form).  |
| a. Applicant claims  | us (from status indicated<br>SMALL ENTITY statu   | ☐ b. Applicant is no long   | er claiming SMALI   | ENT  | TTY status. See 37 CF  | FR 1.27(g)(2).   |  |
| NOTE: The Issue Fee and nterest as shown by the re   | l Publication Fee (if reque<br>ecords of the United Stat  | ired) will not be accepted<br>es Patent and Trademark   | from anyone other than the Office.  | e applicant; a regist  | ered a   | ttorney or agent; or the   | assignee or other party in   |
| Authorized Signature MMM / M   |   |   |   | DateO  | A.   | 24,2008  |  |
| Typed or printed name James F. Herkenhoff  |   |   |   | Registration No  | ·  | 51,241   |  |
| This collection of informa<br>in application. Confidenti<br>submitting the completed<br>his form and/or suggested<br>Box 1450. Alexandria Vi   | ation is required by 37 Cladity is governed by 35 application form to the ons for reducing this burgering 22313-1450. | R 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary ten, should be sent to the   | n is required to obtain or re<br>1.14. This collection is esti<br>depending upon the indivi<br>chief Information Office<br>COMPLETED FORMS TO | etain a benefit by the<br>mated to take 12 m<br>dual case. Any con<br>to U.S. Patent and T | publi<br>inutes<br>iments<br>radema  | c which is to file (and<br>to complete, including<br>on the amount of tim<br>ark Office, U.S. Depa | by the USPTO to process) gathering, preparing, and he you require to complete rtment of Commerce, P.O. |

Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.